

FORM TO BE USED BY A PRISONER IN  
FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
NORTHERN DISTRICT OF OHIO

FILE  
2014 JAN -8 PM 2:50  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
YOUNGSTOWN

Emanuel Cook

(Enter above the full name of the plaintiff in this action)

VS.

Dr. D. Orr (NTCH)(VCHS), Medical Dept.

FCI Elkton et, al.

(Enter above the full name of the defendant(s) in this action)

4:14 CV 00042  
CIVIL CASE NO.

JUDGE PEARSON

JUDGE

~~MAG. JUDGE LIMBERT~~

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ☐ NO ☐
- B. If your answer to A is yes, describe the lawsuit in the space below, (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number

4. Name of judge to whom case was assigned

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5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

II. Place of Present Confinement FCI Elkton P.O. Box 10 Lisbon, Ohio 44432

A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  
YES ☒ NO ☐

C. If your answer is YES,

1. What steps did you take? Filed my Administrative Remedies BP-8  
\_\_\_\_\_

2. What was the result? Pending  
\_\_\_\_\_

D. If your answer is NO, explain why not \_\_\_\_\_  
\_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities?

YES ☐ NO ☐

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

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### III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of the Plaintiff Emanuel Cook Reg# 09112-025

Address FCI Elkton Post Office Box 10 Lisbon, Ohio 44432

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).

B. Defendant Medical Dept. FCI Elkton et, al. is employed as

\_\_\_\_\_ at \_\_\_\_\_

C. Additional Defendants Doctor Dennis Orr Northside/Trumbull Hospital

Youngstown Ohio

### IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).

(See attached for Statement of Claim)

(continued)

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V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes).

(Award monetary damages in the amount of \$20,000,000.00. Dols)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

1-5-14

(Date)

Emmanuel Cook

(Signature of Plaintiff)